## Massachusetts Firefighting Academy P.O. Box 1025, State Road, Stow, Massachusetts 01775

Phone: (978) 567-3200 Fax: (978) 567-3229 Email: Registration.DFS-TM-Academy@mass.gov

## **REQUEST FOR STUDENT RECORDS**

Complete this form and fax or email it using the contact information above. You will be provided with a letter attesting to courses you have taken with the Academy. You may request that the original letter be sent to you or another individual or institution (a copy of the letter will be mailed to you). **Note:** The MFA database only holds records from late 1999 to present. Any courses taken prior to this will require additional information. In order to ensure security, you must provide a photocopy of your license or other official photo identification to obtain your records.

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## WAIVER FOR REQUEST FOR STUDENT RECORDS

Ι,	, do hereby authorize the
disclosure and/or release of any or all of my requested records, or a	ny part thereof to be sent to the
previously named individual/organization at the address provided. T	his consent is given whether the
said records are public, private, or confidential in nature.	
I agree to indemnify and hold harmless the Commonwea	alth of Massachusetts, Department of Fire
Services, its agents and employees from and against all claims, da	mages, losses, and expenses including all
reasonable attorneys' fees arising out of or by reason of complying	with this request.
STUDENT SIGNATURE:	
ADDRESS:	